
State of Washington
Department of Health

**Behavioral Risk Factor Surveillance System
Questionnaire
2001**

Washington State Department of Health
Center for Health Statistics
and
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office of Adult and Community Health
Behavioral Surveillance Branch

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2001

Behavioral Risk Factor Surveillance System Questionnaire

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Introduction

HELLO, I'm _____ (name) _____ calling for the Washington State Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Washington residents to guide state health policies. Your phone number has been chosen scientifically, and we'd like to ask some questions about health and safety practices that may affect health.

Is this _____ (phone number) _____ ? **If "no"** Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

We need to scientifically select one adult who lives in your household to be interviewed. In order to make this scientific selection, can you please tell me how many members of your household, including yourself, are 18 years of age or older?

Number of Adults _____ (-)

IF NEEDED, SAY: For this study, households are first scientifically selected in the state, and then one adult is selected in each household to be interviewed. It is important to the accuracy of the study that those selected for the study participate, because this is what ensures that the results will represent the state as a whole.

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Enter 1 man or 1 women below (Ask gender if necessary). Go to "All Respondents."**

If "no" Is the adult a man or a woman? **Enter 1 man or 1 women below.** May I speak with [fill in (him/her) from previous question]? **Go to "Correct Respondent."**

If more than one, ask "How many of these adults are men and how many are women?"

_____ Number of men

_____ Number of women

[SUM MUST EQUAL NUMBER OF ADULTS IN HOUSEHOLD]

[CATI system chooses one adult by random selection process]

The person in your household that I need to speak with is _____. **If "you," go to "All Respondents"**

Behavioral Risk Factor Surveillance System
Washington State Questionnaire 2001
Introduction

To correct respondent:

HELLO, I'm (name) calling for the Washington State Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health and safety practices of Washington residents to guide state health policies. You have been chosen scientifically to be interviewed, and we'd like to ask some questions about health and safety practices of Washington residents.

All Respondents:

The interview may be monitored for quality assurance, but all information obtained in this study will be confidential. We do not ask for your name, address, or other personal information that identifies you. Some of the questions might not apply to you or your life. You don't have to answer any question you don't want to, you can end the interview at any time. The interview usually takes between 15 to 20 minutes. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

IF NEEDED:

- If you have any questions about this study, you can call the study director at the Washington State Department of Health, Katrina Simmons. You can call her collect during business hours (8:00 AM – 5:00 PM) at 360-236-4322.
- Your phone number will be erased from the data after we finish all the interviews at the end of the year.

If Respondent refuses, ask:

It would greatly help us with future studies to know the reasons why people choose not to participate. Would you be willing to tell me your reasons? **[WHY1]**

- 01 Record comments
- 98 Don't know/Not sure
- 99 Refused

<<TIME: Introduction>>

CDC CORE QUESTIONS

Section 1: Health Status

1.1. Would you say that in general your health is: (72)

Please Read

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- or
- 5 Poor

Do not read these responses

- 7 Don't know/Not sure
- 9 Refused

1.2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(73-74)

- | | |
|-----|---------------------|
| — — | Number of days |
| 8 8 | None |
| 7 7 | Don't know/Not sure |
| 9 9 | Refused |

1.3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

(75-76)

- | | |
|-----|---|
| — — | Number of days |
| 8 8 | None If Q1.2 also "None," go to Q2.1 |
| 7 7 | Don't know/Not sure |
| 9 9 | Refused |

1.4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(77-78)

- | | |
|-----|---------------------|
| — — | Number of days |
| 8 8 | None |
| 7 7 | Don't know/Not sure |
| 9 9 | Refused |

<TIME Section 1>

Section 2: Health Care Access (& CDC Optional Module)

2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (79)

- 1 Yes **Go to Q 2.4**
- 2 No
- 7 Don't know/Not sure **Go to Q2.6**
- 9 Refused **Go to Q2.6**

2.2. What is the main reason you are without health care coverage? (237-238)

Read Only if Necessary

- 0 1 Lost job or changed employers
- 0 2 Spouse or parent lost job or changed employers **[includes any person who had been providing insurance prior to job loss or change]**
- 0 3 Became divorced or separated
- 0 4 Spouse or parent died
- 0 5 Became ineligible because of age or because left school
- 0 6 Employer doesn't offer or stopped offering coverage
- 0 7 Cut back to part time or became temporary employee
- 0 8 Benefits from employer or former employer ran out
- 0 9 Couldn't afford to pay the premiums
- 1 0 Insurance company refused coverage
- 1 1 Lost Medicaid or Medical Assistance eligibility
- 8 7 Other
- Do not read these responses**
- 7 7 Don't know/Not sure
- 9 9 Refused

2.3 About how long has it been since you had health care coverage? (239)

Read Only if Necessary

- 1 Within the past 6 months (anytime less than 6 month ago) **Go to Q2.6**
- 2 Within the past year (6 months but less than 12 months ago) **Go to Q2.6**
- 3 Within the past 2 years (1 year but less than 2 years ago) **Go to Q2.6**
- 4 Within the past 5 years (2 years but less than 5 years ago) **Go to Q2.6**
- 5 5 or more years ago **Go to Q2.6**
- 7 Don't know/Not sure **Go to Q2.6**
- Do not read these responses**
- 8 Never **Go to Q2.6**
- 9 Refused **Go to Q2.6**

- 2.4. During the past 12 months, was there any time that you did not have any health insurance or coverage? (80)

1 Yes
2 No **Go to Q2.6**
7 Don't know/Not sure **Go to Q2.6**
9 Refused **Go to Q2.6**

- 2.5. What was the main reason you were without health care coverage during the past 12 months? (240-241)

Read Only if Necessary

0 1 Lost job or changed employers
0 2 Spouse or parent lost job or changed employers **[includes any person who had been providing insurance prior to job loss or change]**
0 3 Became divorced or separated
0 4 Spouse or parent died
0 5 Became ineligible because of age or because left school
0 6 Employer doesn't offer or stopped offering coverage
0 7 Cut back to part time or became temporary employee
0 8 Benefits from employer or former employer ran out
0 9 Couldn't afford to pay the premiums
1 0 Insurance company refused coverage
1 1 Lost Medicaid or Medical Assistance eligibility
8 7 Other
Do not read these responses
7 7 Don't know/Not sure
9 9 Refused

- 2.6. Do you have one person you think of as your personal doctor or health care provider? **If "no," ask "Is there more than one or is there no person who you think of?"**

(81)

1 Yes, only one
2 More than one
3 No
7 Don't know/Not sure
9 Refused

<TIME Section 2>

Section 3: Exercise

- 3.1. During the past 30 days, other than your regular job, did **you** participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise? (82)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

<TIME Section 3>

Section 4: Hypertension Awareness

- 4.1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (83)

1	Yes
2	No Go to Q5.1
7	Don't know/Not sure Go to Q5.1
9	Refused Go to Q5.1

- 4.2. Are you currently taking medicine for your high blood pressure? (84)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

<TIME Section 4>

Section 5: Cholesterol Awareness

- 5.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (85)

1	Yes
2	No Go to Q6.1
7	Don't know/Not sure Go to Q6.1
9	Refused Go to Q6.1

5.2. About how long has it been since you last had your blood cholesterol checked? (86)

Read Only if Necessary

- | | |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years ago) |
| 3 | Within the past 5 years (2 years but less than 5 years ago) |
| 4 | 5 or more years ago |
| 7 | Don't know/Not sure |
| 9 | Refused |

5.3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (87)

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

<TIME Section 5>

Section 6: Asthma

6.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (88)

- | | |
|---|---------------------------------------|
| 1 | Yes |
| 2 | No Go to Q7.1 |
| 7 | Don't know/Not sure Go to Q7.1 |
| 9 | Refused Go to Q7.1 |

6.2. Do you still have asthma? (89)

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

<TIME Section 6>

Section 7: Diabetes (& CDC Optional Module)

- 7.1. Have you ever been told by a doctor that you have diabetes? (90)
If "Yes" and female, ask "Was this only when you were pregnant?"

1 Yes
2 Yes, but female told only during pregnancy *Go to next section*
3 No *Go to next section*
7 Don't know/Not sure *Go to next section*
9 Refused *Go to next section*

- 7.2. How old were you when you were told you have diabetes? (180-181)

__ __ Code age in years [97 = 97 and older]
9 8 Don't know/Not sure
9 9 Refused

- 7.3. Are you now taking insulin? (182)

1 Yes
2 No
9 Refused

- 7.4. Are you now taking diabetes pills? (183)

1 Yes
2 No
7 Don't know/Not sure
9 Refused

- 7.5. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (184-186)

1 __ __ Times per day
2 __ __ Times per week
3 __ __ Times per month
4 __ __ Times per year
8 8 8 Never
7 7 7 Don't know/Not sure
9 9 9 Refused

- 7.6. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (187-189)

1	__	__	Times per day
2	__	__	Times per week
3	__	__	Times per month
4	__	__	Times per year
8	8	8	Never
5	5	5	No feet
7	7	7	Don't know/Not sure
9	9	9	Refused

- 7.7. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (190)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

- 7.8. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (191-192)

__	__	Number of times [76 = 76 or more]
8	8	None
7	7	Don't know/Not sure
9	9	Refused

- 7.9. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (193-194)

__	__	Number of times [76 = 76 or more]
8	8	None
9	8	Never heard of hemoglobin "A one C" test
7	7	Don't know/Not sure
9	9	Refused

If "no feet" to Q7.6, go to Q7.11

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- 7.10. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (195-196)

—	—	Number of times [76 = 76 or more]
8	8	None
7	7	Don't know/Not sure
9	9	Refused

- 7.11. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (197)

Read Only if Necessary

1	Within the past month (anytime less than 1 month ago)
2	Within the past year (1 month but less than 12 months ago)
3	Within the past 2 years (1 year but less than 2 years ago)
4	2 or more years ago
8	Never
7	Don't know/Not sure
9	Refused

- 7.12. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (198)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

- 7.13. Have you ever taken a course or class in how to manage your diabetes yourself? (199)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

<TIME Section 7>

Section 8: Arthritis

8.1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint? (91)

- 1 Yes
- 2 No **Go to Q8.5**
- 7 Don't know/Not sure **Go to Q8.5**
- 9 Refused **Go to Q8.5**

8.2. Were these symptoms present on most days for at least one month? (92)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

8.3. Are you now limited in any way in any activities because of joint symptoms? (93)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

8.4. Have you ever seen a doctor, nurse, or other health professional for these joint symptoms? (94)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

8.5. Have you ever been told by a doctor that you have arthritis?

- 1 Yes
- 2 No **Go to Q9.1**
- 7 Don't know/Not sure **Go to Q9.1**
- 9 Refused **Go to Q9.1**

8.6. Are you currently being treated by a doctor for arthritis? (96)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

<TIME Section 8>

Section 9: Immunization (& Washington State-Added Questions)

9.1. During the past 12 months, have you had a flu shot? (97)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

9.2. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (98)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

<TIME Section 9 - CDC>

If respondent answers "Yes," "Don't Know," or "Refused" to Q9.1, Go to next section.

9.3. What is the main reason you didn't get a flu shot during the past 12 months? ()

Read the following only if respondent doesn't know.

- 1 Didn't know I needed it
- 2 Doctor didn't recommend it
- 3 Didn't think of it/forgot it/missed it
- 4 Tried to get a flu shot, but no flu shots were available
- 5 Wanted to get a flu shot, but heard no flu shots were available
- 6 Tried to get a flu shot, but my doctor said I didn't need it
- 7 Didn't think it would work
- 8 Don't need a flu shot/not at risk/flu not serious
- 9 Shot could give me the flu/allergic reaction/other health problem
- 10 Doctor recommended against getting the shot/allergic to shot/medical reasons
- 11 Don't like shots or needles/don't want it

- 12 Other [specify] _____
Do not read these responses
77 Don't know/not sure **Go to next section**
99 Refused **Go to next section**

9.4. Is there an additional reason you didn't get a flu shot during the past 12 months? ()

Read the following only if respondent doesn't know.

- 1 Yes, Didn't know I needed it
2 Yes, Doctor didn't recommend it
3 Yes, Didn't think of it/forgot it/missed it
4 Yes, Tried to get a flu shot, but no flu shots were available
5 Yes, Wanted to get a flu shot, but heard no flu shots were available
6 Yes, Tried to get a flu shot, but my doctor said I didn't need it
7 Yes, Didn't think it would work
8 Yes, Don't need a flu shot/not at risk/flu not serious
9 Yes, Shot could give me the flu/allergic reaction/other health problem
10 Yes, Doctor recommended against getting the shot/allergic to
shot/medical reasons
11 Yes, Don't like shots or needles/don't want it
12 Yes, Other [specify] _____
13 No
Do not read these responses
77 Don't know/not sure
99 Refused

<TIME Section 9: WA State>

Section 10: Tobacco Use

10.1. Have you smoked at least 100 cigarettes in your entire life? (99)
[5 packs = 100 cigarettes]

- 1 Yes
2 No **Go to Q11.1**
7 Don't know/Not sure **Go to Q11.1**
9 Refused **Go to Q11.1**

10.2. Do you now smoke cigarettes every day, some days, or not at all? (100)

- 1 Every day
- 2 Some days
- 3 Not at all **Go to Q11.1**
- 9 Refused **Go to Q11.1**

10.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

<TIME Section 10>

Section 11: Alcohol Consumption

11.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how often have you had at least one drink of any alcoholic beverage? (102-104)

- 1 ___ Days per week
- 2 ___ Days in past 30
- 8 8 8 No drinks in past 30 days **Go to Q12.1**
- 7 7 7 Don't know/Not sure **Go to Q12.1**
- 9 9 9 Refused **Go to Q12.1**

11.2. On the days when you drank, about how many drinks did you drink on the average? (105-106)

- ___ Number of drinks
- 7 7 Don't know/Not sure
- 9 9 Refused

11.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (107-108)

- ___ Number of times
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

<TIME Section 11>

Section 12: Firearms

The next question is about firearms, including weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire.

- 12.1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (109)

IF NEEDED: Sometimes the use of firearms can lead to injury. Gun shot injuries are a major health problem.

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

<TIME Section 12>

Section 13: Demographics

- 13.1a. What is your age? (110-111)

- | | |
|-------------------|---------------------------|
| Code age in years | Go to Q13.2 |
| 0 7 | Don't know/Not sure |
| 0 9 | Refused Ask Q13.1b |

- 13.1b In which of these age categories do you belong? (-)

- | | |
|----|-------------|
| 21 | 18 to 24 |
| 30 | 25 to 34 |
| 40 | 35 to 44 |
| 50 | 45 to 54 |
| 60 | 55 to 65 |
| 70 | 65 to 74 |
| 80 | 75 or older |
| 09 | Refused |

- 13.2. Are you Hispanic or Latino? (112)

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |

9 Refused

13.3. Which one or more of the following would you say is your race? (113-118)**Please Read****Choose all that apply (up to six choices)**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- or 6 Other **[specify]** _____
- 8 No additional choices
- Do not read these responses**
- 7 Don't know/Not sure
- 9 Refused

If more than one response to Q13.3, continue. Otherwise, go to Q13.513.4. Which one of these groups would you say **best** represents your race? (119)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other **[specify]** _____
- 7 Don't know/Not sure
- 9 Refused

13.5. Are you: (120)

Please Read

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- or 6 A member of an unmarried couple
- Do not read this response**
- 9 Refused

13.6. How many children less than 18 years of age live in your household ? (121-122)

— —	Number of children
8 8	None
9 9	Refused

13.7. What is the highest grade or year of school you completed? (123)

Read Only if Necessary

1	Never attended school or only attended kindergarten
2	Grades 1 through 8 (Elementary)
3	Grades 9 through 11 (Some high school)
4	Grade 12 or GED (High school graduate)
5	College 1 year to 3 years (Some college or technical school)
6	College 4 years or more (College graduate)
9	Refused

13.8. Are you currently: (124)

Please Read

1	Employed for wages
2	Self-employed
3	Out of work for more than 1 year
4	Out of work for less than 1 year
5	A Homemaker
6	A Student
7	Retired
or 8	Unable to work
	Do not read this response
9	Refused

If not employed (Q13.8 = 3 through 9), go to Q13.11

13.9 What kind of business or industry do you work in? ()

[Record answer] _____
99 Refused

13.10 What is your job title? **If no job title, ask “What kind of work do you do?”** ()

[Record answer] _____
88 Owner, Proprietor or Self-employed
99 Refused

- 13.11. Is your annual household income from all sources: (125-126)
If respondent refuses at any income level, code refused.

Read as Appropriate

- 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
0 1 Less than \$10,000 **If "no," code 02**
0 5 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)
0 6 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)
0 7 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)
0 8 \$75,000 or more
Do not read these responses
7 7 Don't know/Not sure
9 9 Refused

- 13.12. About how much do you weigh without shoes? **[Round fractions up]** (127-129)

$\frac{\quad}{7} \frac{\quad}{7} \frac{\quad}{7}$ Weight in pounds
Don't know/Not sure
9 9 9 Refused

- 13.13. About how tall are you without shoes? **[Round fractions down]** (130-132)

$\frac{\quad}{\quad} / \frac{\quad}{\quad}$ Height
ft / inches
7 7 7 Don't know/Not sure
9 9 9 Refused

- 13.14. What county do you live in? (133-135)

001	Adams	027	Grays Harbor	053	Pierce
003	Asotin	029	Island	055	San Juan
005	Benton	031	Jefferson	057	Skagit
007	Chelan	033	King	059	Skamania
009	Clallam	035	Kitsap	061	Snohomish
011	Clark	037	Kittitas	063	Spokane

013	Columbia	039	Klickitat	065	Stevens
015	Cowlitz	041	Lewis	067	Thurston
017	Douglas	043	Lincoln	069	Wahkiakum
019	Ferry	045	Mason	071	Walla Walla
021	Franklin	047	Okanogan	073	Whatcom
023	Garfield	049	Pacific	075	Whitman
025	Grant	051	Pend Oreille	077	Yakima

—	—	—	FIPS county code
7	7	7	Don't know/not sure
9	9	9	Refused

13.15. What is your ZIP code? **IF NEEDED SAY: I mean the ZIP code of your residence, that is, where you live.** ()

9	—	—	—	—	—	Don't know/Refused
9	9	9	9	9	9	

13.16. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (136)

1	Yes
2	No Go to Q13.18
7	Don't know/Not sure Go to Q13.18
9	Refused Go to Q13.18

13.17. How many of these are residential numbers? (137)

—	Residential telephone numbers [6=6 or more]
7	Don't know/Not sure
9	Refused

13.18. How many adult members of your household currently use a cell phone for any purpose?[Number of people, not number of phones] (138)

—	Number of adults
8	None
7	Don't know/Not sure
9	Refused

13.19. Indicate sex of respondent. **Ask only if necessary** (139)

1	Male Go to Q14.1
2	Female

If respondent 45 years old or older, go to Q14.1

13.20. To your knowledge, are you now pregnant? (140)

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

<TIME Section 13>

Section 14: Disability

The following questions are about health problems or impairments you may have.

14.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (141)

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

14.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? **Include occasional use or use in certain circumstances.** (142)

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

<TIME Section 14>

If "employed" or "self-employed" to core Q13.8 (=1, 2), continue. Otherwise go to Q15.2.

Section 15: Physical Activity (& Washington State-Added Questions)

- 15.1. When you are at work, which of the following best describes what you do? **If respondent has multiple jobs, include all jobs.** (143)

Would you say: . . .

Please Read

- 1 Mostly sitting or standing
2 Mostly walking
or 3 Mostly heavy labor or physically demanding work

Do not read these responses

- 7 Don't know/Not sure
9 Refused

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

- 15.2. Now, think about the moderate physical activities you do [fill in "when you are not working" if "employed" or "self-employed" to core Q13.8 (Q13.8 = 1, 2)]. In a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate? (144)

- 1 Yes
2 No **Go to Q15.5**
7 Don't know/Not sure **Go to Q15.5**
9 Refused **Go to Q15.5**

- 15.3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (145-146)

- — Days per week
7 7 Don't know/Not sure
9 9 Refused

- 15.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (147-149)

- :— — Hours and minutes per day
7 7 7 Don't know/Not sure
9 9 9 Refused

- 15.5. Now think about the vigorous physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core Q13.8]**. In a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (150)

1 Yes
 2 No **Go to Q15.8**
 7 Don't know/Not sure **Go to Q15.8**
 9 Refused **Go to Q15.8**

- 15.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (151-152)

— — Days per week
 7 7 Don't know/Not sure
 9 9 Refused

- 15.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (153-155)

—:— — Hours and minutes per day
 7 7 7 Don't know/Not sure
 9 9 9 Refused

<TIME Section 15 - CDC>

- 15.8. Thinking back over the past 7 days, whether on your job or in your spare time, on how many days did you do any activity to specifically increase muscle strength or muscle tone, such as weight lifting, squats, pull ups, or sit ups? (-)

01 1 day
 02 2 days
 03 3 days
 04 4 days
 05 5 days
 06 6 days
 07 7 days
 88 None
 77 Don't Know/Not sure
 99 Refused

“Moderate physical activity” is any activity which makes your heart beat faster and makes you breathe harder or sweat. Some examples are brisk walking, moving heavy boxes or climbing stairs.

15.9. Do you know if there are recommendations for how much moderate physical activity people should get to be healthy? ()

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

15.10. At a minimum what is the recommended number of days a week that a person should do activities like these to be healthy? ()

- 01 1 day
- 02 2 days
- 03 3 days
- 04 4 days
- 05 5 days
- 06 6 days
- 07 7 days
- 77 Don't Know/Not sure
- 99 Refused

15.11. On those days how much time is recommended for a person to spend being physically active? ()

- 1 _ _ Minutes
- 2 _ _ Hours
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

<TIME Section 15 - WA State>

If respondent is 39 years old or younger, or is female, go to Q17.1

Section 16: Prostate Cancer Screening

16.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (156)

- 1 Yes
- 2 No **Go to Q16.3**
- 7 Don't Know/not Sure **Go to Q16.3**
- 9 Refused **Go to Q16.3**

16.2. How long has it been since you had your last PSA test? (157)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read these responses

- 7 Don't know
- 9 Refused

16.3. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (158)

- 1 Yes
- 2 No **Go to Q16.5**
- 7 Don't know/Not sure **Go to Q16.5**
- 9 Refused **Go to Q16.5**

16.4. How long has it been since your last digital rectal exam? (159)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read these responses

- 7 Don't know
- 9 Refused

16.5. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (160)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

16.6. Has your father, brother, son, or grandfather ever been told by a doctor, nurse, or health professional that he had prostate cancer? (161)

- 1 Yes

- 2 No
- 7 Don't know/Not sure
- 9 Refused

If respondent 49 years old or younger, go to HIV/AIDS Section

Section 17: Colorectal Cancer Screening

17.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (162)

- 1 Yes
- 2 No **Go to Q17.3**
- 7 Don't know/Not sure **Go to Q17.3**
- 9 Refused **Go to Q17.3**

17.2. How long has it been since you had your last blood stool test using a home kit? (163)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read these responses

- 7 Don't know/Not sure
- 9 Refused

17.3. Sigmoidoscopy [sig-moid-OS-k-pe} and colonoscopy [co-lon-OS-k-pe] are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams?

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

17.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (165)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)

- 4 Within the past 10 years (5 years but less than 10 years ago)
 5 10 or more years ago
Do not read these responses
 7 Don't know/Not sure
 9 Refused

If respondent is 65 years old or older, go to Section 19: Health Care Access and Use

Section 18: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

- 18.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (166)

- 1 True
 2 False
 7 Don't know/Not Sure
 9 Refused

- 18.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (167)

- 1 True
 2 False **Go to Q18.4**
 7 Don't know/Not Sure **Go to Q18.4**
 9 Refused **Go to Q18.4**

- 18.3. How effective do you think these treatments are helping persons with HIV to live longer? Would you say (168)

Please Read

- 1 Very effective
 2 Somewhat effective
 or 3 Not at all effective
Do not read these responses
 7 Don't know/Not sure
 9 Refused

- 18.4. How important do you think it is for people to know their HIV status by getting tested? Would you say (169)

Please Read

- 1 Very important
2 Somewhat important
or 3 Not at all important

Do not read these responses

- 7 Don't know/Not sure
9 Refused

- 18.5. As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. **Include saliva tests.** (170)

- 1 Yes
2 No **Go to Q18.9**
7 Don't know/Not sure **Go to Q18.9**
9 Refused **Go to Q18.9**

- 18.6. Not including blood donations, in what month and year was your last HIV test? (171-174)

____/____ Code month and year
7 7 7 7 Don't know/Not sure
9 9 9 9 Refused

- 18.7. What was the main reason you had your test for HIV in [fill in date from Q18.6]? (175-176)

Read Only if Necessary

- 0 1 For hospitalization or surgical procedure
0 2 To apply for health insurance
0 3 To apply for life insurance
0 4 For employment
0 5 To apply for a marriage license
0 6 For military induction-or military service
0 7 For immigration
0 8 Just to find out if you were infected
0 9 Because of referral by a doctor
1 0 Because of pregnancy
1 1 Referred by your sex partner
1 3 For routine check-up
1 4 Because of occupational exposure
1 5 Because of illness
1 6 Because I am at risk for HIV
8 7 Other

Do not read these responses

- 7 7 Don't know/Not sure
9 9 Refused

18.8. Where did you have the HIV test in [fill in date from Q18.6]?

(177-178)

Read Only if Necessary

- 0 1 Private doctor, HMO
0 2 Blood bank, plasma center, Red Cross
0 3 Health department
0 4 AIDS clinic, counseling, testing site
0 5 Hospital, emergency room, outpatient clinic
0 6 Family planning clinic
0 7 Prenatal clinic, obstetrician's office
0 8 Tuberculosis clinic
0 9 STD clinic
1 0 Community health clinic
1 1 Clinic run by employer
1 2 Insurance company clinic
1 3 Other public clinic
1 4 Drug treatment facility
1 5 Military induction or military service site
1 6 Immigration site
1 7 At home, home visit by nurse or health worker
1 8 At home using self-sampling kit
1 9 In jail or prison
8 7 Other

Do not read these responses

- 7 7 Don't know/Not sure
9 9 Refused

The next question is about sexually transmitted diseases other than HIV, such as syphilis, chlamydia, or genital herpes [SIF-ə-lis], [kla-MID-e-ah], [GEN-i-tal HER-pees].

18.9. In the past 12 months has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use?

(179)

- 1 Yes
2 No
7 Don't know/Not sure
9 Refused

WASHINGTON STATE-ADDED QUESTIONS

Section 19: Health Care Coverage and Use

The next questions are about health care.

- 19.1. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health? **If “no,” ask “Is there more than one or is there no place you usually go to?”** (242)

- 1 Yes **Go to Q19.3**
- 2 More than one place
- 3 No **Go to Q19.4**
- 7 Don't know/Not sure **Go to Q19.4**
- 9 Refused **Go to Q19.4**

- 19.2. Is there one of these places that you go to most often when you are sick or need advice about your health? (243)

- 1 Yes
- 2 No **Go to Q19.4**
- 7 Don't know/Not sure **Go to Q19.4**
- 9 Refused **Go to Q19.4**

- 19.3. What kind of place is it? Would you say . . . (244)

Please Read

- 1 A doctor's office or HMO
- 2 A clinic or health center
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 An urgent care center
- or 8 Some other kind of place
- Do not read these responses**
- 7 Don't know/Not sure
- 9 Refused

7. Was there a time during the past 12 months when you needed to see a doctor, but could not because of the cost? (245)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

- 19.5. About how long has it been since you last visited a doctor for a routine checkup? **IF NEEDED: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.** (246)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read these responses

- 7 Don't know/Not sure
- 8 Never
- 9 Refused

Section 20: Unmet Health Care Needs

- 20.1. In the last 12 months, were you or any adult in you household unable to obtain any type of health care you or they thought was needed? ()

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

- 20.2. In the last 12 months, did you or any adult in your household experience difficulty or delay in obtaining any type of health care you or they thought was needed? ()

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

If there are no children living in the household (Q13.6 = 88), go to Next Section

- 20.3. In the last 12 months, were any children living in your home unable to obtain any type of health care you thought they needed? ()

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

- 20.4. In the last 12 months, did any children living in your home experience difficulty or delay in obtaining any type of health care you thought they needed?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

Section 21: Oral Health

The next few questions are about oral health care.

- 21.1. How long has it been since you last visited a dentist or a dental clinic for any reason?
Include visits to dental specialists, such as orthodontists. (257)

Read only if necessary

- | | |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years ago) |
| 3 | Within the past 5 years (2 years but less than 5 years ago) |
| 4 | 5 or more years ago |

Do not read these responses

- | | |
|---|---------------------|
| 7 | Don't know/Not sure |
| 8 | Never |
| 9 | Refused |

- 21.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. **Include teeth lost due to "infection."** (258)

- | | |
|---|-----------------------|
| 1 | 5 or fewer |
| 2 | 6 or more but not all |
| 3 | All |
| 8 | None |
| 7 | Don't know/Not sure |
| 9 | Refused |

If "never" to Q21.1 or "all" to Q21.2, go to Q21.4.

- 21.3. How long has it been since you had your teeth "cleaned" by a dentist or dental hygienist? (259)

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read these responses

- 7 Don't know/Not sure
- 8 Never
- 9 Refused

If "within the past year," to Q21.1 or Q21.3, go to Q21.5.

- 21.4. What is the main reason you have not visited the dentist in the past year? (260-261)

Read only if necessary

- 01 Fear, apprehension, nervousness, pain, dislike going
- 02 Cost
- 03 Do not have/know a dentist
- 04 Cannot get to the office/clinic (too far away, no transportation, no appointments available)
- 05 No reason to go (no problems, no teeth)
- 06 Other priorities
- 07 Have not thought of it
- 08 Other reason (SPECIFY: _____)

Do not read these responses

- 77 Don't know/Not sure
- 99 Refused

- 21.5. The last time you visited a health care provider for dental services, where did you go? ()

Please Read

- 1 Private dentist
- 2 Public health Center Clinic
- 3 Community or Migrant Clinic
- 4 Indian Health Service Clinic
- 5 Some other place (SPECIFY: _____)

Do not read these responses

- 7 Don't know/Not sure
- 9 Refused

- 21.6. Do you have any kind of insurance coverage that pays for some of all of your routine dental care, including dental insurance, prepaid plans such as HMOs or government plans such as Medicaid? (262)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

Section 22: Asthma History

If "yes" to core Q6.1, continue. Otherwise, go to Q22.10.

Previously you said you were told by a doctor, nurse, or other health professional that you had asthma.

- 22.1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma? (263-264)

— —	Age in years 11 or older [96 = 96 and older]
9 7	Age 10 or younger
9 8	Don't know/Not sure
9 9	Refused

If "yes" to core Q6.2, continue. Otherwise, go to Q22.10 .

- 22.2. During the past 12 months, have you had an episode of asthma or an asthma attack? (265)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

- 22.3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (266-267)

— —	Number of visits [87 = 87 or more]
8 8	None
9 8	Don't know/Not sure
9 9	Refused

- 22.4. **[If one or more visits to emergency room, Q22.3, fill in “Besides those emergency room visits,”]** During the past 12 months, how many times did you see a doctor, nurse, or other health professional for urgent treatment of worsening asthma symptoms? (268-269)

—	—	Number of visits [87 = 87 or more]
8	8	None
9	8	Don't know/Not sure
9	9	Refused

- 22.5. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma? (270-271)

—	—	Number of visits [87 = 87 or more]
8	8	None
9	8	Don't know/Not sure
9	9	Refused

- 22.6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (272-274)

—	—	—	Number of days
8	8	8	None
7	7	7	Don't know/Not sure
9	9	9	Refused

- 22.7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? (275)

Would you say: **Please Read**

8	Not at any time Go to Q22.9
1	Less than once a week
2	Once or twice a week
3	More than 2 times a week, but not every day
4	Every day, but not all the time
or 5	Every day, all the time
	Do not read these responses
7	Don't know/Not sure
9	Refused

- 22.8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say . . . (276)

Please Read

- | | | |
|----|---|------------------------------------|
| | 8 | None |
| | 1 | One or two |
| | 2 | Three to five |
| | 3 | Six to ten |
| or | 4 | More than ten |
| | | Do not read these responses |
| | 7 | Don't know/Not sure |
| | 9 | Refused |

- 22.9. During the past 30 days how often did you take asthma medication that was prescribed or given to you by a doctor? This includes using an inhaler. Would you say . . . (277)

Please Read

- | | | |
|----|---|---|
| | 8 | Didn't take any |
| | 1 | Less than once a week |
| | 2 | Once or twice a week |
| | 3 | More than 2 times a week, but not every day |
| | 4 | Once every day |
| or | 5 | 2 or more times every day |
| | | Do not read these responses |
| | 7 | Don't know/Not sure |
| | 9 | Refused |

If "no children" to core Q13.6, go to next module

- 22.10. Earlier you said there were [fill in number from core Q13.6] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma? (278-279)

- | | | |
|---|---|--|
| | | Number of children |
| 8 | 8 | None Go to Next Module |
| 7 | 7 | Don't know/Not sure Go to Next Module |
| 9 | 9 | Refused Go to Next Module |

- 22.11. [Fill in “Does this child”/”How many of these children” from Q22.10] still have asthma? [If only one child from Q10 and response is “Yes,” code 01. If response is “No,” code 88.] (280-281)

		Number of children
8	8	None Go to Next Module
7	7	Don't know/Not sure Go to Next Module
9	9	Refused Go to Next Module

Section 23: Cardiovascular Disease

The next few questions ask about heart disease and stroke. To lower your risk of developing heart disease or stroke, are you....

- 23.1. Eating fewer high fat or high cholesterol foods? (295)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

- 23.2. [To lower your risk of developing heart disease or stroke, are you...]
Eating more fruits and vegetables (296)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

- 23.3. [To lower your risk of developing heart disease or stroke, are you...]
More physically active? (297)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

Within the past 12 months, has a doctor, nurse, or other health professional told you to

23.4. Eat fewer high fat or high cholesterol foods? (298)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

23.5. [Within the past 12 months, has a doctor, nurse, or other health professional told you to]...Eat more fruits and vegetables? (299)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

23.6. [Within the past 12 months, has a doctor, nurse, or other health professional told you to] Be more physically active? (300)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Has a doctor, nurse, or other health professional ever told you that you had any of the following?

23.7. A heart attack, also called a myocardial [my-o-CAR-di-al] infarction (301)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

23.8. [Has a doctor, nurse, or other health professional ever told you that you had] Angina or coronary heart disease (302)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

23.9. [Has a doctor, nurse, or other health professional ever told you that you had] A stroke (303)

- 1 Yes
- 2 No

- 7 Don't know/Not sure
9 Refused

If "yes" to Q23.7 continue. Otherwise, go to Q23.11.

23.10. At what age did you have your first heart attack? (304-305)

- — Code age in years
0 7 Don't know/Not sure
0 9 Refused

If "yes" to Q23.9, continue. Otherwise, go to Q23.12.

23.11. At what age did you have your first stroke? (306-307)

- — Code age in years
0 7 Don't know/Not sure
0 9 Refused

If "yes" to question 23.7 or 23.9, continue. Otherwise, go to Q23.13.

23.12. After you left the hospital following your [fill in "heart attack" if "yes" to Q23.7 or to Q23.7 and Q23.9; fill in "stroke" if "yes" to Q23.9 and "no" to Q23.7], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (308)

- 1 Yes
2 No
7 Don't know/Not sure
9 Refused

If respondent is aged 35 years or older, continue with Q23.13, otherwise go to next module.

23.13. Do you take aspirin daily or every other day? (309)

- 1 Yes **Go to Q23.15**
2 No
7 Don't know/Not sure
9 Refused

23.14. Do you have a health problem or condition that makes taking aspirin unsafe for you? If “yes,” ask “Is this a stomach condition?” Code upset stomach as “stomach problems.” (310)

- | | |
|---|--|
| 1 | Yes, not stomach related Go to Next Section |
| 2 | Yes, stomach problems Go to Next Section |
| 3 | No Go to Next Section |
| 7 | Don't know/Not sure Go to Next Section |
| 9 | Refused Go to Next Section |

Why do you take aspirin.? Is it ..

23.15. To relieve pain? (311)

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

23.16. Do you take aspirin to reduce the chance of a heart attack? (312)

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

23.17. Do you take aspirin to reduce the chance of a stroke? (313)

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

Section 24: Tobacco Indicators**If "yes" to core Q10.1, continue. Otherwise, go to Q24.6.**

Previously you said you have smoked cigarettes.

24.1. How old were you the first time you smoked a cigarette, even one or two puffs? (-)

_ _	Code age in years
7 7	Don't know/Not sure
9 9	Refused

24.2. How old were you when you first started smoking cigarettes regularly? (-)

_ _	Code age in years
8 8	Never smoked regularly Go to Q24.6
7 7	Don't know/Not sure
9 9	Refused

If "refused" to core Q10.2, go to Q24.6**If "not at all" to core Q10.2, continue. Otherwise, go to Q24.4.**

24.3. About how long has it been since you last smoked cigarettes regularly? (-)

Read Only if Necessary

01	Within the past month (anytime less than 1 month ago)
02	Within the past 3 months (1 month but less than 3 months ago)
03	Within the past 6 months (3 months but less than 6 months ago)
04	Within the past year (6 months but less than 1 year)
0 5	Within the past 5 years (1 year but less than 5 years) Go to Q24.6
0 6	Within the past 10 years (5 years but less than 10 years) Go to Q24.6
0 7	10 or more years ago Go to Q24.6
Do not read these responses	
7 7	Don't know/Not sure Go to Q24.6
9 9	Refused Go to Q24.6

24.4. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself? (-)

1	Yes
2	No Go to Q24.6
7	Don't know/Not sure Go to Q24.6
9	Refused Go to Q24.6

24.5. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking? ()

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

24.6. Which statement best describes the rules about smoking inside your home? ()

Please Read

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside the home
- 4 There are no rules about smoking inside the home

Do not read these responses

- 7 Don't know/Not sure
- 9 Refused

Section 25: Other Tobacco Products

25.1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? ()

- 1 Yes
- 2 No **Go to Q25.3**
- 7 Don't know/Not sure **Go to Q25.3**
- 9 Refused **Go to Q25.3**

25.2. Do you currently use chewing tobacco or snuff every day, some days, or not at all? ()

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

25.3. Have you ever smoked a cigar, even one or two puffs? ()

- 1 Yes

- 2 No **Go to next section**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

25.4. Do you now smoke cigars every day, some days, or not at all? ()

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

If respondent is female and age 65 or older, go to next section.

Section 26: Family Planning

The next few questions have to do with birth control. Your answers are confidential and you don't have to answer all the questions if you don't want to. **If respondent hesitates in answering any question in this series, repeat "You don't have to answer any question if you don't want to."**

26.1. During the past 12 months, with how many people have you had sexual intercourse? (-)

- ____ Number [76 = 76 or more]
- 88 None **Go to Q26.8**
- 77 Don't know/Not sure
- 99 Refused

Female: If answer to Core Q13.20 "Are you currently pregnant?" is "yes," go to Q26.8.

26.2. The last time you had sexual intercourse, did you or your partner use any method of birth control? **If needed: "Partner" means the person you had sex with the last time in the past twelve months.** ()

- 1 Yes **Female: Go to Q26.3a. Male: Go to Q26.3b**
- 2 No **Female: Go to Q26.5a. Male: Go to Q26.5b.**
- 7 Don't know/not sure **Go to Q26.8**
- 9 Refused **Go to Q26.8**

26.3a. **FEMALES:** What was the primary method of birth control that you, personally, used? ()

Please read. Choose one answer

- 1 Pill **Go to Q26.8**
 - 2 Sterilization (tubes tied/hysterectomy) **Go to Q26.8**
 - 3 Depo Provera **Go to Q26.8**
 4. Diaphragm/cervical cap **Go to Q26.8**
 - 5 Relied on Partner's Method **Go to Q26.4a**
 - 6 Other: (SPECIFY: _____) **Go to Q26.8**
- Do not read these responses**
- 7 Don't know/Not Sure **Go to Q26.8**
 - 9 Refused **Go to Q26.8**

26.3b. **MALES:** What was the primary method of birth control that you, personally, used? ()

Please read. Choose one answer

- 1 Condom **Go to Q26.8**
 - 2 Sterilization (vasectomy) **Go to Q26.8**
 - 5 Relied on Partner's Method **Go to Q26.4b**
 - 6 Other: (SPECIFY: _____) **Go to Q26.8**
- Do not read these responses**
- 7 Don't know/Not Sure **Go to Q26.8**
 - 9 Refused **Go to Q26.8**

26.4a. **FEMALES:** What was the method your partner used? ()

Please read. Choose one answer

1. Condom (rubbers)
 - 2 Sterilization (vasectomy)
 - 3 Other: (SPECIFY: _____)
- Do not read these responses**
- 7 Don't know/Not Sure
 - 9 Refused

Go to Q26.8

26.4b. **MALES:** What was the method your partner used? ()

Please read. Choose one answer

- 1 Pill
- 2 Sterilization (tubes tied/hysterectomy)
- 3 Depo Provera
- 4 Diaphragm/cervical cap
- 5 Other: (SPECIFY: _____)

Do not read these responses

- 7 Don't know/Not Sure
9 Refused

Go to Q26.8

26.5a. **FEMALES:** Have you or your partner had a vasectomy, tubal ligation, hysterectomy, or are sterile for some other reason? **IF NEEDED, All I need is a "yes" or "no."** ()

- 1 Yes **Go to Q26.8**
2 No
7 Don't know/not sure
9 Refused

26.5b. **MALES:** Have you or your partner had a vasectomy, tubal ligation, hysterectomy, or are sterile for some other reason? **IF NEEDED, All I need is a "yes" or "no."** ()

- 1 Yes **Go to Q26.8**
2 No
7 Don't know/not sure
9 Refused

26.6a. **FEMALES:** Are you currently trying to get pregnant? ()

- 1 Yes **Go to Q26.8**
2 No
7 Don't know/not sure
9 Refused

26.6b. **MALES:** Is your partner currently pregnant or trying to get pregnant? ()

- 1 Yes **Go to Q26.8**
2 No
7 Don't know/not sure
9 Refused

26.7. You indicated previously that you or your partner did not use a method of birth control the last time you had sexual intercourse, What was the main reason you did not use birth control the last time you had sexual intercourse? ()

27.1. Before you were 18, was there any time when you were punched, kicked, choked, or received a more serious physical punishment from a parent or other adult guardian? ()

- 1 Yes
- 2 No **Go to Q27.4**
- 7 Don't know/Not sure **Go to Q27.4**
- 9 Refused **Go to Q27.4**

27.2. How many times did this happen? Would you say . . . ()

Please Read

- 1 Once
- 2 Two to five times
- 3 Six to nine times
- 4 Ten or more times
- Do not read these responses**
- 7 Don't Know/Not Sure
- 9 Refused

27.3. Who did this to you -- what relationship did this person have to you? (**Code up to 3 responses. If more than three, code 3rd answer "other" (13) and indicate all of the relationships.**) (-)

Please read if necessary

- 01 Father
- 02 Mother
- 03 Stepfather
- 04 Stepmother
- 05 Mother's boyfriend
- 06 Father's girlfriend
- 07 Grandparent
- 08 Another adult who was related to you
- 09 An adult who was not related to you
- 10 Other (Specify: _____)
- Do not read these responses**
- 77 Don't know/Not Sure
- 99 Refused

27.4. Before you were 18, did anyone ever touch you in a sexual place or make you touch them when you did not want them to? ()

- 1 Yes
- 2 No **Go to Q27.7**
- 7 Don't know/Not sure **Go to Q27.7**
- 9 Refused **Go to Q27.7**

27.5. How many times did this happen? Would you say . . . ()

Please Read

- 1 Once
- 2 Two to five times
- 3 Six to nine times
- 4 Ten or more times
- Do not read these responses**
- 7 Don't Know/Not Sure
- 9 Refused

27.6. Who did this to you -- what relationship did this person have to you? **(Code up to 3 responses. If more than three, code 3rd answer "other" (13) and indicate all of the relationships.)** ()

Please read if necessary

- 01 Father
- 02 Mother
- 03 Stepfather
- 04 Stepmother
- 05 Mother's boyfriend
- 06 Father's girlfriend
- 07 Brother
- 08 Sister
- 09 Grandparent
- 10 Another adult who was related to you
- 11 An adult who was not related to you
- 12 A friend or someone you were dating
- 13 Other (Specify: _____)
- Do not read these responses**
- 77 Don't know/Not Sure
- 99 Refused

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27.7. As a child, did you ever see or hear one of your parents or guardians being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by their spouse or partner? ()

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

Now I'd like to ask you some questions about your relationships with current or former intimate partners. An intimate partner is a current or former husband, wife, boyfriend, girlfriend, or dating partner.

27.8 In the past 12 months, has an intimate partner hit, slapped, shoved, choked, kicked, shaken or otherwise physically hurt you? ()

- | | |
|---|---|
| 1 | Yes |
| 2 | No Go to Q27.10 |
| 7 | Don't know/Not sure Go to Q27.10 |
| 9 | Refused Go to Q27.10 |

Q27.9 Now I have a question about your relationship with the person who was violent or abusive to you. Was the person your spouse, boyfriend, girlfriend or date when he or she was violent or abuse to you? [Code up to three answers. If more than three, code 3rd response "other" (9) and indicate the rest of the relationships.] (-)

- Probe for "current," "divorced," or "separated" if spouse.
- Probe for "current" or "former" if boyfriend or girlfriend.

- | | | |
|--------------------|----|--|
| Spouse: | 01 | Current spouse |
| | 02 | Divorced spouse |
| | 03 | Separated spouse |
| Boyfriend: | 04 | Current boyfriend |
| | 05 | Former boyfriend |
| Girlfriend: | 06 | Current girlfriend |
| | 07 | Former girlfriend |
| | 08 | Date |
| | 09 | Some other relationship(s)(Specify: _____) |
| | | Do not read these responses |
| | 77 | Don't know/Not sure |
| | 99 | Refused |

27.10. In the past 12 months, has an intimate partner put you down, called you names or controlled your behavior? **IF NEEDED:** Controlling your behavior includes controlling who you can talk to, where you can go or what you can do. ()

- | | |
|---|--|
| 1 | Yes |
| 2 | No <i>Go to Comment at end of section</i> |
| 7 | Don't know/Not sure <i>Go to Comment at end of section</i> |
| 9 | Refused <i>Go to Comment at end of section</i> |

Q27.11 Now I have a question about your relationship with the person who put you down, called you names or controlled your behavior. Was the person your spouse, boyfriend, girlfriend or date? [Code up to three answers. If more than three, code 3rd response "other" (9) and indicate the rest of the relationships.] ()

- Probe for "current," "divorced," or "separated" if spouse.
- Probe for "current" or "former" if boyfriend or girlfriend.

- | | | |
|--------------------|----|--|
| Spouse: | 01 | Current spouse |
| | 02 | Divorced spouse |
| | 03 | Separated spouse |
| Boyfriend: | 04 | Current boyfriend |
| | 05 | Former boyfriend |
| Girlfriend: | 06 | Current girlfriend |
| | 07 | Former girlfriend |
| | 08 | Date |
| | 09 | Some other relationship(s)(Specify: _____) |
| | | Do not read these responses |
| | 77 | Don't know/Not sure |
| | 99 | Refused |

Go to Comment

COMMENT: These issues are sometimes difficult and uncomfortable to talk about. I really appreciate your answering these questions. If you or anyone you know is ever in immediate danger, they can call 911 or the local police. There is also a confidential, multilingual hotline to help anyone who is being hurt or threatened by an intimate partner. The hotline's number -- if you'd like to write it down -- is

1-800-562-6025.

You can also find the number in the telephone book in the **State Government** section under "**Abuse/Assault, Domestic Violence Hotline.**"

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health and safety practices of people in our state. Thank you very much for your time and cooperation.